

It is of the utmost importance that county society secretaries should realize that the business of conducting the affairs of the State Society, and of the component societies, is no trifling matter.

The work has grown so much, in the last few years, and especially since the State Society undertook the defense of all members in good standing, in malpractice suits, that it can only be properly conducted by the exercise of business principles. Members receive, for their small annual assessment, what it would cost them at least fifteen or twenty dollars to buy outside of the Society. But it takes money to run the Society and do all the work it is doing. This money, when due, must be promptly paid. All assessments are due and payable in January; county societies and individual members thereof will be carried till the first of April, but on that date all who have not paid will be dropped and any cause for alleged malpractice occurring while a member is not in good standing—if his assessment has not been sent in by his county secretary—will not be defended by the State Society. This may seem to you a trivial matter, but if you happen to have a suit filed against you some day, and then discover that you had allowed your dues to accumulate and were not in good standing, it would not seem so trivial. There is some difference between the few dollars you pay for your county society dues and the several hundreds or thousands of dollars it might cost you to defend a suit. And remember that you never can tell when such a suit will be instigated. Membership is worth a good deal to you; far too much for you to take any chances of allowing it to lapse.

Some little comment and criticism has arisen from the publication in the JOURNAL, at various times, of matter relating to a suit against **MEDICAL** Dr. Kreutzmann in which Dr. von **DEFENSE.** Hoffman testified. Space has been given to the statements of these gentlemen respectively, and in former issues to a rather lengthy discussion of the case itself, for the reason that it is typical of the sort of suit that never should be brought and that imposes a terrible burden and a great injustice upon the physician who is sued. In this particular case, it is generally understood, the personal equation was far from negligible; there was said to be more or less unfriendly feeling existing between the two gentlemen who have engaged in the controversy. But setting that element aside, we should consider the case as an ordinary example of the sort of malpractice suit that may at any time be filed against any one of us, which has no real merit in fact and which we should unitedly oppose. No physician could live and practice for a year without making some error in diagnosis. This the law itself recognizes. Ordinary skill is all that the law demands; the trouble is not with the law but with the sympathies of jurymen, laymen who do not understand and who may be greatly influenced by the words of an opposing physician whose opinion may be honest but distorted by his feelings. The State Society is now defending all of its members against malpractice suits; it is a great responsibility

and it should be so considered by every member of the Society, for any member may be sued at any time, justly or unjustly. Experience has shown that nearly all these suits are without the shadow of justice; they are merely attempts to avoid paying a bill, or pure blackmail. If we all stand together and refuse to be blackmailed or defrauded of our just charges, there will soon be an end to these tricky practices. But each one of us must do his part and all envy or personal animosity must be forgotten.

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The discussion over the "product patent," or a patent covering a medicinal *substance* in contradistinction to a process patent, or a patent issued covering merely a certain definite *process* for manufacturing a medicinal substance,

**PRODUCT PATENTS.** has lasted many years and would fill sundry volumes. Just at present it is of interest because of the fact that a most important case is now in the United States courts. Dr. Takamine separated, by a certain process of his own devising, the active principal from the suprarenal glands; the existence of such a substance had been known since 1856, but it had not been isolated in its pure form. The United States issued a patent on the product to Dr. Takamine, and this product was later placed on the market by Parke, Davis & Co., under the name "adrenalin." The substance is generally referred to in technical literature under the name epinephrine, and will be found described under that name in "New and Nonofficial Remedies," issued by the Council on Pharmacy and Chemistry of the A. M. A. The H. K. Mulford Company prepared this substance by a different process and put it on the market under the name "adrin." Action was taken to sustain the patent issued to Dr. Takamine, and on April 29, 1911, a decision sustaining certain of the claims of Dr. Takamine was handed down. The Mulford Company announce that they will withdraw their preparations pending the final settlement of the case on appeal. The final result of this case will be interesting, particularly as we understand that the Section on Pharmacology of the A. M. A., passed resolutions deploring the issuing of product patents. Patents of this character would not seem to work to the best advantage in the development of pharmacologic practice and medicine in general.

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A man in Los Angeles, by the name of Thomas Powell, M. D., has certainly reached the extreme point of modesty in announcing a scientific and a wonderful discovery. He must be a most remarkable man. He says he has written a book, and certainly he seems to have sent out a prospectus of a "New and practically complete medical philosophy entitled Fundamentals and Requirements of Health and Disease." There is nothing so startling about the title, except that it implies the filling of a pretty large order. The real modesty of the man appears when he speaks of himself. The "prospectus" states that "the author has solved the confessedly unsolved problems

of life from locomotion to tumors, tubercles and cancer cells, by pointing out the hitherto unknown causative factors." Again is our admiration for the author's modesty excited when we read that his book contains "a fund of information similar in character and surpassing in point of importance that which is embodied in the discoveries of Sir Isaac Newton." Poor old Ike!

The medical profession has rarely listened to an address of greater range or more important application than the masterly presentation of Dr. Murphy at the opening **MEDICAL EDUCATION.** of the sixty-second annual convention of the American Medical Association. Among the many subjects considered by the incoming president was that of medical education. It is possible that among matters of more immediate interest its significance may be overlooked, but fundamentally it is by far the most important part of Dr. Murphy's address.

Those of us who are in a position to know the educational status *praesens* of the great bulk of the medical profession are most thoroughly aware that the chief objects for which they have endured several years of instruction have not been attained. It is assumed that the graduate leaves college prepared to deal with the problems of disease according to the accepted methods of science—considering each symptom of his patient's condition in relation to its probable cause—seeing in his mind's eye its physiological relations and foreseeing its possible pathological results. Further, that the ability thus assumed will be strengthened by practice until the scientific habit of investigation becomes automatic by repetition, and those seeking the physician's aid receive the benefit of trained scientific observation and thought. Only thus is made the scientist in other fields of knowledge. Such is the theory, but what is the actual practice?

To begin with the qualifying examinations in greater part seek knowledge of facts and not the ability to make use of them. When the latter requirement is maintained a large percentage of the men after making the necessary mental effort, for the time being, on entering practice fall into the rut of routine, varied by the therapeutic fad of the hour. It is no assumption, but a statement of fact based on an intimate personal knowledge of the mental equipment of medical men of all periods of life and from schools of all classes, that compels the writer to assert that only a small proportion of practitioners habitually consider a case from the scientific standpoint. When a thorax is correctly auscultated, (which is by no means the invariable rule) and, let us say, prolonged expiration noted, the observer thinks of the discovery, not in terms of

altered lung tissue but as signs of tuberculosis. The discovery of a Babinski reflex is mentally associated with certain diseases, and not with a definite perversion of the normal physiology of the cord. To a large proportion of the profession, how large it would be unpleasant to state, mankind suffers from diseases characterized by certain symptoms for which certain remedies are good. Whatever be the theory of their education, that is their practice. They may have been taught differently in college; they have forgotten their teaching. If anyone doubts this let him investigate the answers given by graduates of ten and more years' standing at the state examinations. They are a mild, a very mild test, but they will teach the optimist something. Now what is the cause and what the remedy of this state of affairs? Dr. Murphy puts his finger accurately on one weakness—we have too few teachers. The medical instructor having the gift of teaching or trained therein as an art is the exception in a medical college. The professor of the past knew no more of the subject than he could extract from a text-book, the university professor of the present is, as Dr. Murphy indicates, a specialist usually working in a limited field of the subject he teaches and quite often with none of the instincts of a teacher or the ability of an expositor. In a sense the conduct of medical education is absurd. Instructors in primary, grammar and high schools are all taught the art of teaching, but in a field in which the complexities and interrelations are much more profound than in general education, pedagogy has no place. Furthermore the average curriculum which should be the work of skilled pedagogues is nothing more than a statement that certain subjects should be taught for a certain number of hours. The subjects for the most part are taught as though the teacher knew nothing else and each item were equally important. The anatomist rarely refers to surgery and morbid anatomy; the teacher of physiology never illustrates from the field of pathology. There is no attempt in the medical course to give the student an idea of interrelation or perspective. He is not taught to reason from one subject to another; to draw, for example, physiological conclusions from pathological data; and at the end of the course he is rarely able to do so. What wonder is it that he remains an empiric throughout his professional career, either obstinately devoted to what he may have seen others do in early life, or according to temperament, the practice of every fad that comes to the fore. To sum up, in the subjects of their profession medical men are instructed but not educated, and they never will be until medical education is subject to pedagogic principles and is taught by teachers.

H. D'ARCY POWER.